



# § 1115 SUD/SMI Waiver Amendments

Current Data and Progress

Family and Social Services Administration,  
Office of Medicaid Policy and Planning

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# § 1115 SUD/SMI Waiver Amendments

## High-level Overview



- The §1115 demonstration waivers for Substance Use Disorder (SUD) and Serious Mental Illness (SMI) enable the State to cover and receive federal reimbursement for short-term inpatient stays for SMI and SUD—as well as for short-term residential stays for SUD—in qualified facilities defined as an Institution for Mental Disease (IMD).
- The SUD and SMI demonstration waivers also establish various goals and milestones for the State to monitor and evaluate over the course of the waiver period.
- The data for the demonstrations have been condensed for the purpose of this presentation. Full State reports and data are publically available at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81641> and <https://www.in.gov/fssa/hip/2624.htm>



# § 1115 SUD Waiver Amendment



# §1115 SUD Waiver Amendment

## Key Goals

**Expand SUD  
Treatment**

**Increase  
Utilization of  
Evidence-  
based  
Treatment**

**Administrative  
Simplification**



# § 1115 SUD Waiver Amendment

## Key Dates

### **February 1, 2018:**

- SUD Waiver Amendment became effective

### **October 31, 2019:**

- SUD Interim Evaluation report submitted. Report covered 01/01/2015- 03/31/2019

### **February 3, 2020:**

- Mid-Point Assessment submitted

### **March 25, 2020:**

- DY5 Annual Report submitted

### **May 31, 2020:**

- DY6 Q1 Quarterly Report submitted

# § 1115 SUD Waiver Amendment

## Key Accomplishments



- Obtained federal and legislative changes to clarify and expand coverage for SUD treatment
- Developed communications with providers on new benefits and coverage policies
- Developed criteria for licensure of residential treatment providers
- Educating stakeholders on authorization requests and determinations and standardize some aspects
- Educating stakeholders on American Society of Addiction Medicine (ASAM) criteria

# § 1115 SUD Waiver Amendment



- **Federal Planning Grant:** Indiana received a federal SUD planning grant to conduct a community-engaged planning process for assessing current provider capacity, improve intra- and inter-agency infrastructure for monitoring, conduct evaluation and planning, and design an action plan that will position the state to implement strategic solutions for addressing gaps in SUD provider capacity.

# § 1115 SUD Waiver Amendment

## SUD Monitoring Protocol: Implementation Update



### Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities

- DMHA began providing ASAM designations for the State's residential providers on March 1, 2018.
- For ASAM level 3.1, there are currently a total of 15 providers with 290 beds, an **increase of 4 beds from the prior reporting period.**
- For ASAM level 3.5, there are currently a total of 35 providers with 975 beds, an **increase of 7 providers and 321 beds** from the prior reporting period.

# § 1115 SUD Waiver Amendment

SUD Monitoring Protocol: Health Information  
Technology



## INSPECT:

- There has been a **60.5% overall increase of the number of prescribers accessing INSPECT** throughout the demonstration.
- During SUD DY2 Q4, **the number of hospitals that have integrated INSPECT into their health care system's electronic health record (EHR) increased from 107 to 114, at 6.5% increase** since the prior reporting period.
- The number of patient requests made by registered prescribers into the state's prescription drug monitoring system, INSPECT, increased from more than 4.7 million to more than 4.8 million, a **2.7% increase**.

# § 1115 SUD Waiver Amendment

## SUD Mid-Point Assessment Findings



Color Coding indicates finding for the trend compared to desired result  desired  neutral  not desired  
 Text inside the box indicates the actual trend (note that sometimes a decrease is the desired trend and an increase is not a desired trend)

CMS Milestone Metric name	CMS Metric #	Results by Subpopulation						
		Demon- stration	Model	ODD	Dual Status	Pregnant	Criminally Involved	MRO
<b>Milestone 1: Access to critical levels of care for OUD and other SUDs</b>								
Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis	2	Increase	Increase	Increase	Increase	Increase	Decrease	Increase
Utilization of Residential and Inpatient Services	10	Increase	Increase	Increase	Increase	Increase	Increase	Increase

<b>Milestone 4: Sufficient provider capacity at critical levels of care including for medication assisted treatment for OUD</b>								
SUD Provider Availability	13	Increase	Increase	not applicable				
SUD Provider Availability - MAT	14	Increase	Increase	not applicable				

<b>Milestone 5: Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD</b>								
Initiation of Alcohol and Other Drug Dependence (AOD) Treatment	15	Decrease	Decrease	Decrease	Increase	Increase	Increase	Decrease
Use of Opioids from Multiple Providers in Persons Without Cancer	19	Decrease	Decrease	Decrease	Decrease	Decrease	Increase	Decrease
Concurrent Use of Opioids and Benzodiazepines	21	Decrease						

<b>Milestone 6: Improved care coordination and transitions between levels of care</b>								
ED Utilization for SUD per 1,000 Medicaid Beneficiaries	23	Increase	Increase	Decrease	Increase	Increase	Increase	Decrease
Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	24	Increase	Decrease	Decrease	Increase	Increase	Increase	Decrease
Readmissions Among Beneficiaries with SUD	25	Increase	Increase	Increase	Decrease	Decrease	Increase	Decrease
Follow-up after Discharge from the ED for AOD (7 days)	17	Increase	Increase	Increase	Increase	Increase	Increase	Increase
Follow-up after Discharge from the ED for AOD (30 days)	17	Increase	Increase	Increase	Decrease	Increase	Increase	Increase
Grievances Related to SUD Treatment Services	33	Decrease	Decrease	not applicable				
Appeals Related to SUD Treatment Services	34	Decrease	Decrease	not applicable				



## **Just a reminder:**

§1115 SUD waiver data has been condensed for presentation purposes. Full State reports and data are publically available at:

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and

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# § 1115 SMI Waiver Amendment

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# § 1115 SMI Waiver Amendment

## Waiver Goals



**Reduced utilization & length of stay in emergency departments**

**Reduced preventable readmissions**

**Improved availability of crisis stabilization services**

**Improved access to community-based services**

**Improved care coordination**



# §1115 SMI Waiver Amendment

## Key Dates

### **January 1, 2020**

- §1115 SMI waiver demonstration became effective

### **June 29, 2020**

- Draft evaluation design for §1115 SMI waiver demonstration submitted

### **July 17, 2020**

- Monitoring protocol for §1115 SMI waiver demonstration submitted

# § 1115 SMI Waiver Amendment

Overview and background



- The §1115 waiver amendment expands Medicaid reimbursement for acute inpatient stays in institutions for mental disease (IMD) for individuals with serious mental illness (SMI)
- Part of broader FSSA efforts to ensure a comprehensive continuum of behavioral health services
- Intended to improve access to acute care for enrollees with SMI
- The waiver became effective on January 1, 2020

# § 1115 SMI Waiver Amendment

## Provider Requirements



A facility that meets the following criteria will be recognized as qualifying IMD:

- Enrolled as a psychiatric hospital (provider type 01 and provider specialty 011) with more than 16 beds
- Licensed by the Division of Mental Health and Addiction (DMHA) as a private mental health institution (PMHI)\*
- State operated facilities (SOFs) are currently ineligible under the SMI waiver

# § 1115 SMI Waiver Amendment

Former and Current State



## Former State

- §1115 waiver formerly permitted reimbursement for stays in an IMD for substance use disorder
- Managed care entities (MCEs) were also able to reimburse for short-term stays for serious mental illness (SMI)
- FSSA reimbursed for IMD stays for presumptively eligible enrollees with 100% state funds
- Reimbursement not available for fee-for-service enrollees between the ages of 21-64

## Present State

- Reimbursement for short-term acute inpatient stays in an IMD for all Medicaid enrollees between 21-64
- Short term stays for SMI are defined as 60 days or less:
  - Based on medical necessity
  - Not a “hard stop”
  - Federal requirement for 30 day statewide average length of stay
- Ensures comparable access to IMDs for enrollees regardless of service delivery mode (managed care or fee-for-service enrollment)